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RE: U.S. PATENT APPLICATION SERIAL NO. 10/053,410
ATTORNEY DOCKET NO. 1276
DATE: 09/03/03 FAX NUMBER: (703) 872-9306
NUMBER OF PAGES FOLLOWING THIS SHEET: 5

COMMENTS:

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Certificate of Transmission (1 Page)
Transmittal Form (1 Page)
Fee Transmittal for FY 2003 (1 Page)
Petition for Extension of Time (1 Page)
Response to Restriction Requirement (1 Page)

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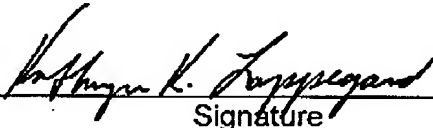
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- 1) Transmittal Form (1 Page)
- 2) Fee Transmittal for FY 2003 (1 Page)
- 3) Petition for Extension of Time (1 Page)
- 4) Response to Restriction Requirement (1 Page)

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PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/053,410	
	Filing Date	11/07/2001	
	First Named Inventor	Rudolf Jung	
	Art Unit	1638	
	Examiner Name	Baum, Stuart F.	
Total Number of Pages in This Submission	4	Attorney Docket Number	1276

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Kathryn K. Lappegard
Signature	<i>Kathryn K. Lappegard</i>
Date	September 3, 2003

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Signature	<i>Kathryn K. Lappegard</i>	Date	September 3, 2003

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FEE TRANSMITTAL for FY 2003		Complete if Known	
Effective 01/01/2003. Patent fees are subject to annual revision.		Application Number	10/053,410
		Filing Date	11/07/2001
		First Named Inventor	Rudolf Jung
		Examiner Name	Baum, Stuart F.
		Art Unit	1538
		Attorney Docket No.	1276
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$)		410	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																					
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account:		3. ADDITIONAL FEES																																					
Deposit Account Number: 16-1852 Deposit Account Name: Pioneer Hi-Bred International, Inc.																																							
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																							
FEE CALCULATION																																							
1. BASIC FILING FEE <table border="1" style="width: 100%; font-size: 0.7em;"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>1001</td> <td>750</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1002</td> <td>330</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1003</td> <td>520</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1004</td> <td>750</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1005</td> <td>160</td> <td>Provisional filing fee</td> <td></td> </tr> </tbody> </table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid			1001	750	Utility filing fee				1002	330	Design filing fee				1003	520	Plant filing fee				1004	750	Reissue filing fee				1005	160	Provisional filing fee			
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2. EXTRA CLAIM FEES <table border="1" style="width: 100%; font-size: 0.7em;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>		Total Claims	Extra Claims	Fee from below	Fee Paid	0	0	0	0																														
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SUBTOTAL (2)		(\$ 0)																																					
*or number previously paid, if greater; For Reissues, see above																																							

SUBMITTED BY		Complete if applicable	
Name (Print/Type)	Kathryn K. Lappegard	Registration No. Attorney/Agent	46,857
Signature	<i>Kathryn K. Lappegard</i>	Telephone	(515) 253-5707
		Date	September 3, 2003

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